

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

Dominic Parton, [REDACTED]
Plaintiff(s)
vs.
The City of Syracuse
Defendant(s)

Civil Case No.:

CIVIL COMPLAINT
PURSUANT TO
TITLE VII OF THE
CIVIL RIGHTS ACT,
AS AMENDED

Plaintiff(s) demand(s) a trial by: ☒ JURY ☐ COURT (Select only one).

JURISDICTION

1. Jurisdiction is conferred on this court pursuant to 42 U.S.C. § 2000e-5.

PARTIES

2. Plaintiff: Dominic Parton
Address: Five Points Correctional Facility
State Route 96, P.O. Box 119
Romulus, New York 14541

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: The City of Syracuse
Official Position: Syracuse Police Department
Address: City of Syracuse, Office of The Corporation Counsel
233 E. Washington St. Room 300
Syracuse, N.Y. 13202

OTHER PLAINTIFF

(1) D [REDACTED] L [REDACTED] (son)

658 E. Division S

- b. Defendant: City of Syracuse Office of the Mayor Ben Walsh
Official Position: Mayor of Syracuse
Address: 203 City Hall
Syracuse, NY 13202-1473
- c. Defendant: Onondaga County District Attorney (William J. Fitzpatrick)
Official Position: District Attorney
Address: 505 South State Street, 4th Floor
Syracuse, N.Y. 13202

Additional Defendants may be added on a separate sheet of paper.

4.

FACTS

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).

My 10 year old son was shot 3 times with a AR-15 Assault Rifle, while asleep at his Cousins house on 11/26/2020 at 3am on the City's North Side of Syracuse on Butternut Street. The Syracuse Police Department and Paramedics responded to a Call of Shots fired. Upon arriving they approached my son D [REDACTED] according to my son's Mother Gaweinnah Lazore, and asked him was he hurt! D [REDACTED] then showed the Syracuse Police Officer where he was shot, this was at 3:00 A.M. My son D [REDACTED] was treated at Upstate Hospital, and released several hours later.

5.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

The Syracuse Police officers that is investigating the shooting of D ■■■ L ■■■ should be relieved, do to the lack of compassion for a minority 10 year old boy. Police Chief Kenton Birkner needs to hand over the investigation to the FBI, Justice has not been served, the Oath to protect and serve the Community was not upheld by the Syracuse Police Department.

SECOND CAUSE OF ACTION

District Attorney of Onondaga County William S. Fitzpatrick, and City of Syracuse Mayor Ben Walsh needs to use outside resources and include the FBI, ATF, Sheriff Department to get the Semi Automatic Rifles used on a 10 year old boy off the streets and arrest the alleged suspects. Proper actions needs to be take by Mayor Ben Walsh, and D.A. Fitzpatrick.

THIRD CAUSE OF ACTION

Upstate University Hospital needs to follow up with T ■■■ L ■■■ and to make sure that D ■■■ L ■■■ continues to receive proper medical treatment, including medication. Upstate needs to inform the Parents of D ■■■ L ■■■ of the future trauma a 10 year old will suffer from after being shot by a AR-15, and to give D ■■■ L ■■■ access to the Children's Department resources at there Hospital.

6. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

I (Dominic Pastor) and Gwendolyn Lazare Parents to D [REDACTED] L [REDACTED]
request that this Court Grant all 3 Plaintiff's \$28,000,000 million dollars
for pain and suffering, failure to provide adequate medical care, and for failing
to arrest the suspects for shooting our son D [REDACTED] L [REDACTED], and to hold all Defendants
responsible.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 9/29/2022

Dominic Pastor (Father)

Signature of Plaintiff(s)
(all Plaintiffs must sign)

02/2010

CERTIFICATE OF SERVICE BY MAIL

State of New York

SS: - ^{Last 4} (8330) (Dominic Parton)

County of Onondaga

I, / Dominic Parton, hereby certify that I am the plaintiff herein and

served a copy of the following document(s):

Summons, Proof of Service, Complaint, Affidavit of Service (Specify document(s))

on Syracuse Police Department, City Hall of Syracuse, Onondaga (Name of person/Addressee)

at: County District Attorney, Upstate Hospital, 511 S. State St (Address to which document(s)

505 S. State Street, 150 East Adams St, 13202 were sent)

by mailing and depositing a true and correct copy of said document(s) in a mailbox located

at: Five Points Correctional Facility

on the following date:

I certify that the foregoing is true and correct.

DATED: 9/29/2022

/ Dominic Parton
Signature of Plaintiff